

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only.

Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law Section 3010 of the Resource Conservation and Recovery Act).



MISSOURI DEPARTMENT OF NATURAL RESOURCES  
HAZARDOUS WASTE PROGRAM  
P.O. BOX 176  
JEFFERSON CITY, MISSOURI 65102  
(314) 751-3176

RECEIVED

AUG 30 1996

DATE RECEIVED FOR OFFICIAL USE ONLY

NOTE: Return completed forms to the address above.

NOTIFICATION OF REGULATED WASTE ACTIVITY

<input checked="" type="checkbox"/> A. First Notification	<input type="checkbox"/> B. Subsequent Notification (complete item C)	C. Installation's EPA ID Number MOR000008722
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II. Name of Installation (Include company and specific site name.)

HELLWIG FRUIT STAND ~~SITE~~

III. Location of Installation (Physical address not P.O. Box or Route Number.)

Street

SOUTH SIDE OF CHESTERFIELD ~~AIRPORT~~

Street (Continued)

AIRPORT ROAD

City or Town

CHESTERFIELD

State

ZIP Code

MO 63005

County Code

County Name

189 ST. LOUIS

IV. Installation Mailing Address (See Instructions.)

Street or P.O. Box

25 FUNSTON ROAD

City or Town

KANSAS CITY

State

ZIP Code

KS 66115

V. Installation Contact (Person to be contacted regarding waste activities at site.)

Name (last)

RAPPLEAN

(first)

KENNETH

Job Title

OSC

Phone Number (area code and number)

913-551-5049

VI. Installation Contact Address (See Instructions.)

A. Contact Address

Location

Mailing

☐

☒

B. Street or P.O. Box

City or Town

State

ZIP Code

VII. Ownership (See Instructions.)

A. Name of Installation's Legal Owner

ANNA HELLWIG

Street, P.O. Box, or Route Number

SOUTHWEST CORNER OF CHESTERFIELD

City or Town

CHESTERFIELD

State

ZIP Code

MO 63226

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Month Day Year

Yes

No

MO 780-1164 (11-93)

EPA 8700-12/MDNR HWG-1

CONTINUE ON REVERSE

17800  
Chesterfield  
Airport



R00033362  
RCRA Records Center

RCRIS data entered

BY

ON

ENT'D SEP 05 1996



ID — For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

## A. Hazardous Waste Activity

- ☒ 1. Generator (See Instructions)
- a. Greater than 1000kg/mo (2,200 lbs.)  
☐ b. 100 to 1000 kg/mo (223 - 2,200 lbs.)  
☐ c. Less than 100 kg/mo (220 lbs.)
- ☒ 2. Transporter (Indicate Mode in boxes 1-5 below)
- a. For own waste only  
☐ b. For commercial purposes
- Mode of Transportation
- ☐ 1. Air  
☐ 2. Rail  
☒ 3. Highway  
☒ 4. Water  
☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation)  
Note: A permit is required for this activity; see instructions.
- ☐ 4. Hazardous Waste Fuel
- a. Generator Marketing to Burner  
☐ b. Other Marketers  
☐ c. Boiler and/or Industrial Furnace
1. Smelter Referral  
☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace
- ☐ 5. Underground Injection Control

## B. Used Oil Fuel Activities

- ☐ 1. Off-Specification Used Oil Fuel
- a. Generator Marketing to Burner  
☐ b. Other Marketers  
☐ c. Burner - Indicate device(s) -
- Type of Combustion Device
- ☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace
- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

## IX. Description of Regulated Wastes (Use Additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles. (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☐ 2. Corrosive (D002) ☐ 3. Reactive (D003) ☐ 4. Toxicity Characteristic (D000) ☐
- (List specific EPA hazardous waste number(s) for the Toxicity Characteristic Contaminant(s))

## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F0027	2	3	4	5	6
7	8	9	10	11	12

## C. Other Wastes. (State or other wastes requiring an I.D. number. See instructions.)

1	2	3	4	5	6
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## X. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

SIGNATURE

Kenneth Rapplean

NAME AND OFFICIAL TITLE (TYPE OR PRINT)

KENNETH RAPPLEAN, OSC

DATE SIGNED

08/01/96

## XI. Missouri Required Information

MISSOURI GENERATOR ID NUMBER (IF ASSIGNED)

S.I.C. CODE

DESCRIBE PRINCIPAL BUSINESS ACTIVITY

## XII. Comments

Note: Mail completed form to the MISSOURI DEPARTMENT OF NATURAL RESOURCES, HAZARDOUS WASTE PROGRAM.



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Street

SOUTH SIDE OF CHESTERFIELD ~~AIRPORT~~

Street (Continued)

AIRPORT ROAD

City or Town

State

ZIP Code

County Code

County Name

ST. LOUIS

## IV. Installation Mailing Address (See Instructions)

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## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

RAPPLEAN KENNETH

Job Title

Phone Number (area code and number)

OSC 913-551-5049

## VI. Installation Contact Address (See Instructions)

A. Contact Address  
Location Mailing

B. Street or P.O. Box

City or Town

State

ZIP Code

CHESTERFIELD MO 63226

## VII. Ownership (See Instructions)

## A. Name of Installation's Legal Owner

ANNA HELWIG

Street, P.O. Box, or Route Number

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City or Town

State

ZIP Code

CHESTERFIELD MO 63226

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Month Day Year

Yes No

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## A. Hazardous Waste Activity

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- ☐ 4. Hazardous Waste Fuel
- a. Generator Marketing to Burner  
☐ b. Other Marketers  
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- ☐ 1. Smelter Deferral  
☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
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## B. Used Oil Fuel Activities

- ☐ 1. Off-Specification Used Oil Fuel
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☐ c. Burner - indicate device(s) -
- Type of Combustion Device
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## B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

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STATE OF MISSOURI  
OFFICE INFORMATION MEMO

DATE 8-20-96		TIME <input type="checkbox"/> AM <input type="checkbox"/> PM
TO File	DEPARTMENT OR DIVISION	
FROM David Lamb	DEPARTMENT OR COMPANY HWP - B+P	
PHONE NO.	RECEIVED BY	

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Called/was here to see you | <input type="checkbox"/> Wants to see you     | <input type="checkbox"/> Will call again    |
| <input type="checkbox"/> Wants you to call          | <input type="checkbox"/> URGENT               | <input type="checkbox"/> Returned your call |
| <input type="checkbox"/> Prepare for my signature   | <input type="checkbox"/> For your information | <input type="checkbox"/> Review             |
| <input type="checkbox"/> Take necessary action      | <input type="checkbox"/> For your signature   | <input type="checkbox"/> As requested       |

REMARKS/MESSAGES

Per Linette Mottley of EPA,  
the address of Hellwig Fruit  
Stand should be  
17800 Chesterfield Airport  
Chesterfield, MO 63005

*David Lamb*